

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 501592

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5		1				
6						
7						
8	1					
9						
10		1				
11						
12						
13						
14	1					
15						
16						
17						
18						
19						
20	1					
21						
22						
23						
24						
25						
26	1					
27						
28						
29	1					
30						
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32						
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46						
47						
48						
49						
50						
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	27	←	←	←	←	←
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						